



DEPT# _____

34 N. Division St
Battle Creek, MI 49014

Phone: (269) 966-3322
Fax: (269) 962-0102
Email: policeadmin@battlecreekmi.gov

Commendation or Complaint Report

Commendation		Complaint			
Last Name	First Name	Middle Name	Age	Race	Sex
<hr/>					
Citizen's Home Address-Include Apt, Suite or Floor (City, State and Zip) <hr/>					
Citizen's Cell Phone Number <hr/>			Citizen's Home Phone Number <hr/>		
Citizen's Email Address <hr/>			Citizen's Work Phone Number <hr/>		
Location or Address of Occurrence <hr/>			Time of Day or Night <hr/>	Date of Occurrence <hr/>	
Officer(s) Involved in the Occurrence—Name, Rank <hr/>				Officer's Shift <hr/>	
<hr/>				<hr/>	
<hr/>				<hr/>	
Witness Information					
Witness(es) Full Name & Address <hr/>		Witness – Relationship to Citizen Filling out the Form <hr/>		Witness-Phone Number <hr/>	
<hr/>		<hr/>		<hr/>	
<hr/>		<hr/>		<hr/>	

Details of the Incident: Provide a full description of the circumstances that prompted your complaint/commendation. (Attach additional pages, if necessary.)

Details of the incident (continued)